IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Koichi GEN-EI et al.

Serial No: 09/954,475

Filed: September 14, 2001

For: SEMICONDUCTOR LASER WHICH REMOVES INFLUENCES FROM RETURNING LIGHT OF THREE BEAMS AND METHOD OF MANUFACTURING THE SAME

Art Unit: 2828

Examiner: M. NGUYEN

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Commissioner for Patents Washington D.C. 20231, on
April 29, 2003
Date of Deposit
Anthony J. Ofler Reg. No. 41,232
Name
04/29/03
Signature   Date

AMENDMENT UNDER 37 C.F.R. § 1.111

Box Non-Fee Amendment
Assistant Commissioner for Patents
Washington, DC 20231

Dear Sir:

In response to the Office Action dated March 6, 2003, please amend the above-identified patent application as follows:

Amendments to the Specification begin on Page 2 of this paper.

Amendments to the Claims begin on Page 3 of this paper.

Amendments to the Drawings begin on Page 10 of this paper.

Remarks/Arguments begin on page 11 of this paper.

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> Signature   Date

Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒   No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM $ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	28	-	31	**	0	LG=$18 SM=$9	$0	$ 0
INDEPENDENT CLAIMS FEE	3	-	5	***	0	LG=$84 SM=$42	$0	$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = $280 SMALL ENTITY FEE = $140		$ 0
							TOTAL	$ 0

*   If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
**   If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
***   If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐   A check in the amount of $___0___ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**

☐   A check in the amount of $___0___ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**

☒   The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
    ☒   Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
    ☒   Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By: _____
Anthony J. Orler
Registration No. 41,232
Attorney for Applicant(s)

Date: April 29, 2003

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